

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554301

FILING DATE

OCT 2008

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		1		
5		0		1		
6		1		1		
7		0		1		
8		0		3		
9		0		1		
10		0		2		
11	1		1			
12		1		1		
13		2		1		
14		0		3		
15		0		3		
16		0		1		
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TOTAL IND.	2		2			
TOTAL DEP.	17		25			
TOTAL CLAIMS	19		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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